

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/578,088

FILING DATE

5/3/06

APPLICANT(S)

10/10/06

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		0		2		
5		0		2		
6		0		2		
7		0		2		
8	1		1			
9	1		1			
10		1		1		
11		2		2		
12		0		2		
13	1		1			
14		1		1		
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TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	12	←	17	←		←
TOTAL CLAIMS	16		21			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						